K081152 pg 1 of 2

Summary of Safety and Effectiveness
Line Extension to theT2™ Femoral Nail

JUN 10 2008

Proprietary Name:	T2™ Femoral Nail
Common Name:	Intramedullary Nail, Femoral Nail
Classification Name and Reference:	Intramedullary Fixation Rod and accessories, 21 CFR §888.3020
Device Product Code:	87 HSB
For Information Contact:	Danielle Hillman, Regulatory Affairs Associate Howmedica Osteonics Corp. 325 Corporate Drive Mahwah, NJ 07430 Phone: (201) 831-6365 Fax: (201) 831-6038
Date Summary Prepared:	April 22, 2008

Description:

The T2™ Femoral Nail is a line extension to the T2™ Femoral Nail System. The T2™ Femoral Nail, in combination with the accessories from the predicate T2™ Femoral Nail Systems, is designed to treat various types of fractures of the femur.

Intended Use:

The modifications do not alter the intended use of the predicate system as cleared in the referenced premarket notifications. The T2™ Femoral Nail System is a fracture fixation device comprised of femoral nails and the related locking screws, compression screws, and end caps. The T2™ Femoral Nail System is intended to provide strong and stable internal fracture fixation with minimal soft tissue irritation. This device is utilized as an aid to healing, not as a substitute for normal intact bone and tissue.

Indications for Use:

The T2™ Femoral Nail is indicated for long bone fracture fixation specifically femoral fracture fixation, which may include the following:

- Open and closed femoral fractures

- Pseudoarthrosis and correction osteotomy
- Pathologic fractures, impending pathologic fractures, and tumor resections
- Supracondylar fractures, including those with intra-articular extension
- Ipsilateral femur fractures
- Fractures proximal to a total knee arthroplasty
- Fractures distal to hip joint
- Nonunions and malunions

Substantial Equivalence:

The subject T2™ Femoral Nail shares the same intended use and design concepts as that of the currently available T2™ Femoral Nail System. An engineering analysis demonstrated comparable strengths to the predicate components and is substantially equivalent to these devices.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JUN 10 2008

Howmedica Osteonics Corp.
% Ms. Danielle Hillman
Regulatory Affairs Associate
325 Corporate Drive
Mahwah, New Jersey 07430

Re: K081152
Trade/Device Name: T2™ Femoral Nail
Regulation Number: 21 CFR 888.3020
Regulation Name: Intramedullary fixation rod
Regulatory Class: II
Product Code: HSB
Dated: June 2, 2008
Received: June 4, 2008

Dear Ms. Hillman:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (240) 276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at (240) 276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at toll-free number (800) 638-2041 or (240) 276-3150 or the Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Mark N. Melkerson
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known): K081152

Device Name: T2™ Femoral Nail

Indications for Use:

The T2™ Femoral Nail is indicated for long bone fracture fixation specifically femoral fracture fixation, which may include the following:

- Open and closed femoral fractures
- Pseudoarthrosis and correction osteotomy
- Pathologic fractures, impending pathologic fractures, and tumor resections
- Supracondylar fractures, including those with intra-articular extension
- Ipsilateral femur fractures
- Fractures proximal to a total knee arthroplasty
- Fractures distal to hip joint
- Nonunions and malunions

Neil R Ogden for mkm

(Division Sign-Off)
Division of General, Restorative, and Neurological Devices

510(k) Number K081152

Prescription Use X (Part 21 CFR 801 Subpart D) AND/OR Over-The-Counter Use _____ (21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)